

# 1A Wisconsin income tax



2015

Check here if an amended return ☐

DO NOT STAPLE

Your legal last name <b>STOUT</b>		Legal first name <b>DUANE</b>		M.I.	Your social security number <b>3167</b>
If a joint return, spouse's legal last name <b>STOUT</b>		Spouse's legal first name <b>JENNIFER</b>		M.I.	Security number <b>1309</b>
Home address (number and street). If you have a PO Box, see page 6. <b>7017 93RD AVE</b>				Apt. No.	
City or post office <b>KENOSHA</b>		State <b>WI</b>	Zip code <b>53142</b>		
<b>Tax district</b> Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2015. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <b>KENOSHA</b> <b>County of KENOSHA</b> <b>School district number (see page 23) 2793</b> <b>Special conditions</b> <input type="checkbox"/>					
<b>Filing status</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) <input type="checkbox"/> Head of household Fill in qualifying person's name <input type="checkbox"/> Also, check here if married <input type="checkbox"/>					

ENCLOSE withholding statements

PAPER CLIP payment here

NO COMMAS; NO CENTS

**Use BLACK Ink**

1 Wages, salaries, tips, etc. (see page 7)	1	10102 .00
2 Interest (see page 7)	2	.00
3 Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	.00
4 Capital gain distributions (see page 8)	4	.00
5 Unemployment compensation (from worksheet, page 8)	5	.00
6 Taxable IRA distributions, pensions, and annuities (see page 8)	6	.00
7 Add lines 1 through 6	7	10102 .00
8 IRA deduction (see page 10)	8	.00
9 Student loan interest deduction (see page 10)	9	.00
10 Medical care insurance deduction (see page 10)	10	1259 .00
11 Add lines 8 through 10	11	1259 .00
12 Subtract line 11 from line 7. This is your Wisconsin income	12	8843 .00
13 If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	13	
14 Fill in the <b>standard deduction</b> for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11	14	18460 .00
15 Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	.00
16 <b>Exemptions</b> (Caution: see page 11)		
a Fill in exemptions from your federal return <input type="checkbox"/> 3 x \$700	16a	2100 .00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	16b	.00
c Add lines 16a and 16b	16c	2100 .00
17 Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	0 .00
18 Tax. Use amount on line 17 to find your tax using table, page 24	18	0 .00
19 Armed forces member credit (must be stationed outside U.S., see page 11)	19	.00
20 School property tax credit		
a Rent paid in 2015-heat included .00	Find credit from table page 12 .. 20a	.00
Rent paid in 2015-heat not included .00		
b Property taxes paid on home in 2015 4487 .00	Find credit from table page 13 .. 20b	300 .00
21 Married couple credit. Complete schedule on reverse side	21	42 .00
22 Add lines 19 through 21. This is the total of your credits	22	342 .00
23 Subtract line 22 from line 18. If line 22 is larger than line 18, fill in 0. This is your net tax	23	0 .00

1-0801 (R, 9-15)

DRAKE

<b>24</b> Fill in net tax from line 23	<b>24</b>	.00
<b>25</b> Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 14)	<b>25</b>	.00
If you certify that no sales or use tax is due, check here <span style="float: right;"><input checked="" type="checkbox"/> <b>X</b></span>		
<b>26</b> Donations (decreases refund or increases amount owed)		
<b>a</b> Endangered resources	.00	
<b>b</b> Cancer research	.00	
<b>c</b> Veterans trust fund	.00	
<b>d</b> Multiple sclerosis	.00	
<b>e</b> Military family relief	.00	
<b>f</b> Second Harvest/Feeding Amer.	.00	
<b>g</b> Red Cross WI Disaster Relief	.00	
<b>h</b> Special Olympics Wisconsin	.00	
Total (add lines a through h)	<b>26i</b>	.00
<b>27</b> Add lines 24, 25, and 26i	<b>27</b>	.00
<b>28</b> Wisconsin income tax withheld. Enclose withholding statements	<b>28</b>	104 .00
<b>29</b> 2015 estimated tax payments and amount applied from 2014 return	<b>29</b>	.00
<b>30</b> Earned income credit (see page 16)		
Qualifying children <u>1</u> Federal credit.. <u>3359 .00</u> x <u>4</u> % =	<b>30</b>	134 .00
<b>31</b> Homestead credit. Attach Schedule H or H-EZ	<b>31</b>	.00
<b>32</b> Eligible veterans and surviving spouses property tax credit (see page 16)	<b>32</b>	.00
<b>33</b> AMENDED RETURN ONLY - amount previously paid (see page 18)	<b>33</b>	.00
<b>34</b> Add lines 28 through 33	<b>34</b>	238 .00
<b>35</b> AMENDED RETURN ONLY - amount previously refunded (see page 18)	<b>35</b>	.00
<b>36</b> Subtract line 35 from line 34	<b>36</b>	238 .00
<b>37</b> If line 36 is more than line 27, subtract line 27 from line 36. This is the <b>AMOUNT YOU OVERPAID</b>	<b>37</b>	238 .00
<b>38</b> Amount of line 37 you want <b>REFUNDED TO YOU</b>	<b>38</b>	238 .00
<b>39</b> Amount of line 37 you want <b>applied to your 2016 estimated tax</b>	<b>39</b>	.00
<b>40</b> If line 36 is less than line 27, subtract line 36 from line 27. This is the <b>AMOUNT YOU OWE</b>	<b>40</b>	.00
<b>41</b> Underpayment interest. Fill in exception code - See Sch. U →	<b>41</b>	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 20)? ☐ Yes Complete the following. ☒ **X** No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
		<div style="display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div>

**Sign below** Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
		02-09-2016	262-220-6020

**Mail your return to:** Wisconsin Department of Revenue

If tax due	PO Box 268, Madison WI 53790-0001	If refund or no tax due	PO Box 59
If homestead credit claimed	PO Box 34, Madison WI 53786-0001		Madison WI 53785-0001

Married Couple Credit When Both Spouses Are Employed		(A) YOURSELF	(B) YOUR SPOUSE
<b>1</b> Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2	<b>1</b>	1406 .00	8696 .00
<b>2</b> IRA deduction, if any, from line 8 of Form 1A	<b>2</b>	.00	.00
<b>3</b> Subtract line 2 from line 1	<b>3</b>	1406 .00	8696 .00
<b>4</b> Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	<b>4</b>	1406 .00	
<b>5</b> Rate of credit is .03 (3%)	<b>5</b>	X .03	
<b>6</b> Multiply line 4 by line 5. Round the result and fill in here and on line 21 of Form 1A <b>Do NOT fill in more than \$480</b>	<b>6</b>		42 .00



staple in this space.

Instructions.

number

- 3167

Security number

- 1309

the SSN(s) above  
e 6c are correct.

lection Campaign

your spouse if filing  
to this fund. Checking  
change your tax or

ou ☐ Spouse

If  
is

Boxes checked  
on 6a and 6b 2

No. of children  
on 6c who:

• lived with you 1

• did not live with  
you due to divorce  
or separation  
(see instructions)

Dependents on 6c  
not entered above

Add numbers  
on lines  
above 3

10,102

10,102

10,102

Form 1040 (2015)

**Tax and Credits**

38	Amount from line 37 (adjusted gross income)	38	10,102
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. } Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. } <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
41	Subtract line 40 from line 38	41	(2,498)
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	611
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	3,359
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	1,000
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,970

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,970
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,970
b	Routing number <input type="text" value="019"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="801"/>		
77	Amount of line 75 you want applied to your estimated tax	77	

**Amount You Owe**

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No	
Designee's name <input type="text"/>	Personal identification number (PIN) <input type="text"/>

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature <input type="text" value="23167"/>	Date <input type="text" value="02-09-2016"/>	Your occupation <input type="text" value="DISABLED"/>	Daytime phone number <input type="text" value="262-220-6020"/>
Spouse's signature. If a joint return, both must sign. <input type="text" value="21309"/>	Date <input type="text" value="02-09-2016"/>	Spouse's occupation <input type="text" value="HOMEMAKER"/>	Identity Protection PIN (see inst.) <input type="text"/>

**Paid Preparer Use Only**

Preparer's signature <input type="text"/>	Date <input type="text" value="02-09-2016"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text" value="P01328345"/>
Print/Type preparer's name <input type="text" value="KATHRYN KESSLER"/>			
Firm's name <input type="text" value="KC ACCOUNTING &amp; TAX INC"/>	Firm's EIN <input type="text" value="1922"/>		
Firm's address <input type="text" value="2409 - 52ND STREET STE 2"/>			
<input type="text" value="Kenosha, WI 53140"/>	Phone no. <input type="text" value="262-657-4813"/>		